



WORKMAN | NYDEGGER

1000 Eagle Gate Tower
60 East South Temple
Salt Lake City, Utah 84111
Phone: (801) 533-9800
Fax: (801) 328-1707

FAX TRANSMISSION COVER SHEET

Date: September 9, 2004
To: Missing Parts
United States Patent & Trademark Office
Fax: (703) 306-746-4060
Phone:
From: R. Burns Israelsen
Our File: 15679.19.1

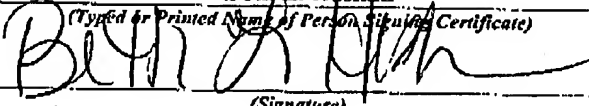
YOU SHOULD RECEIVE 9 PAGE(S), INCLUDING THIS COVER SHEET. IF
YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 801-533-9800

Comments:

Please see attached.

PRIVILEGED AND CONFIDENTIAL

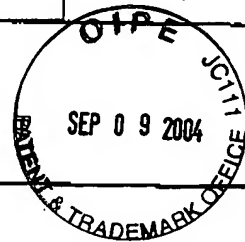
THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL. INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 15679.19.1
Applicant(s): Tim Bucher, et al.			
Application No. 10/822,313	Filing Date 04/12/2004	Examiner Unknown	Group Art Unit 2122
Invention: SERVICE PLATFORM APPLICATION DISTRIBUTION MANAGER			
<p>I hereby certify that this _____ <u>Response to Notice to Filing Missing Parts</u> _____ (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 746-4060</u>) on <u>September 9</u>, 2004 (Date)</p> <p style="text-align: right;">Beth L. Haslam (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			



**Response To Notice To File Missing Parts Of Application
Filing Date Granted (PTO-1533)(Small Entity)**Docket No.
15679.19.1In Re Application Of: **Tim Bucher, et al.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/822,313	04/12/2004	Unknown	022913	2122	2577

Invention: **SERVICE PLATFORM APPLICATION DISTRIBUTION MANAGER**Mail Stop Missing PartsCOMMISSIONER FOR PATENTS:

This is a response to the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533) mailed on
06/23/2004
Date


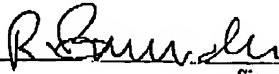
Enclosed herewith for filing are the following:

- ☒ A copy of the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533). **(REQUIRED)**
- ☒ An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.
- ☐ A properly signed oath or declaration in compliance with 37 CFR 1.63.
- ☐ An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.
- ☐ A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.
- ☐ _____ verified small entity declaration(s)
 - ☐ is/are attached.
 - ☐ was/were filed on _____
- ☐ A separate request for refund.
- ☐ Other (list):

09/10/2004 KBETEM1 00000090 10822313

01 FC:2051

65.00 OP

Response To Notice To File Missing Parts Of Application Filing Date Granted (PTO-1533) (Small Entity)				Docket No. 15679.19.1	
In Re Application Of: Tim Bucher, et al.					
Application No. 10/822,313	Filing Date 04/12/2004	Examiner Unknown	Customer No. 022913	Group Art Unit 2122	Confirmation No. 2577
Invention: SERVICE PLATFORM APPLICATION DISTRIBUTION MANAGER					
<p><u>TO THE COMMISSIONER FOR PATENTS:</u></p> <p><u>Mail Stop Missing Parts</u></p>					
					
The fee of \$120.00 is to be paid as follows:					
<input type="checkbox"/> A check in the amount of the fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 23-3178					
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 23-3178					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: September <u>9</u> , 2004		
R. BURNS ISRAELSEN Attorney for Applicant Registration No. 42,685			<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CF. 1.8(a)] on _____ (Date)</p> <p style="text-align: center;">_____ <i>Signature of Person Mailing Correspondence</i></p> <p style="text-align: center;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p>		
CC:					